EMT-Basic

Practical Examination Users Guide

INTRODUCTION

In 1994, the United States Department of Transportation released a revised version of the EMT-Basic National Standard Curriculum. In expectation of release of this new curriculum in conjunction with its development, the Board of Directors of the National Registry instructed the National Registry staff to revise its EMT-Basic Practical Examination User's Guide. The Board of Directors continued to stress its goal of developing a practical examination that would be cost effective while continuing to assure protection the public through adequate measurement of minimal skill competency.

In January 1993, the EMT-Basic Practical Examination committee convened a meeting in Columbus, Ohio to begin revision of The EMT-Basic Practical Examination User's Guide. Preliminary discussions centered on the format of the evaluation instruments and accompanying essays, as well as the concept of group testing versus individual testing. The decision of the committee was to retain the existing format of the current evaluation instruments and the essays which accompany those evaluation instruments. After some discussion, the committee decided to continue with the concept of evaluating candidates individually in each station. The underlying premise for this decision was that the EMT-Basic issued a certificate/license to work within a state based on his/her ability to provide safe and effective patient care. It was the concern of this committee that while team testing may adequately verify competence of a team, it fails to ensure competency of each individual member of that team.

After establishing the examination format, discussions focused on which of the skills in the current examination needed to be included in the revised examination. Additionally, the committee discussed which of the new skills and sub-skills projected for inclusion in the revised EMT-Basic curriculum needed to be included in the practical examination. The committee reviewed each skill in relationship to the frequency of use by the EMT-Basic in day-to-day pre-hospital care as well as the criticality of the skill in relationship to public safety and patient care. The following 13 skills were identified as being the minimum number of performance items that should be included in every practical examination.

Patient assessment / Management – Trauma
Patient Assessment Management – Medical
Cardiac Arrest Management /AED
Bag-Valve-Mask Apneic Patient
Spinal Immobilization – Supine Patient
Spinal Immobilization – Seated Patient
Long Bone Injury Immobilization
Joint Injury Immobilization
Traction Splint Immobilization
Bleeding Control/Shock Management
Upper airway Adjuncts and Suction
Mouth-to-Mask with Supplemental Oxygen
Supplemental Oxygen Administration

These skills reflect performance items that are directly related to the loss of life or limb. Therefore, the major focus of the examination is on airway, breathing, circulation and immobilization skills.

The committee identified the following criteria that must be met for a performance examination to be used nationwide:

a. Each task on the evaluation instrument must be scored as a separat3 task.
b. All items critical to patient/limb outcome must be identified on the skill sheet.
c. Sequencing of tasks in some instances must be considered critical behavior.
d. Overall competency must be achieved as defined in this manual.

The evaluation instruments provided in the User's Guide were developed to meet the above criteria.

The National Registry of Emergency Medical Technician was sensitive to input received requesting the National Registry to develop an administratively feasible and cost effective practical examination. The EMT-Basic Practical Examination committee and the National Registry Board of Directors considered the following factors when developing and approving this practical examination user's guide:

a. Protection of the public is the primary responsibility of the National Registry of Emergency Medical Technicians and all certifying agencies.
b. The current DOT EMT training curriculum contains scheduled practical skills laboratories.
c. The National Registry and may states have been using limited random skill performance stations with success and have found that they reduce cost without reducing the quality of the examination.

d. Training programs are responsible for assuring competency of candidates seeking National Registration. Candidates deemed incompentent by the training program should not be permitted to take this practical examination.
e. Outside verification by agencies or individuals no directly associated with the training program must be accomplished in order to assure protection of the public.

The sample practical examination presented in this user's guide contains six (6) skill stations. A totally random skill practical examination is not acceptable and does fulfill all of the criteria listed above. When using this sample practical examination for National Registration, the testing agency must ensure that the training program measures and documents the candidate's competency in all skills included in the mandatory and random skill stations. This must be accomplished prior to allowing a candidate to attempt the practical examination used for registration.

ORGANIZING THE EXAMINATION

A. Examinations Stations

The practical examination consists of six (6) stations – five (5) mandatory stations and one (1) random skill station. The mandatory and random skill stations consist of both skill based and scenario based testing. The random skill station is conducted so the candidate is totally unaware of the skill to be tested until he/she arrives at the test site.

The candidate will be tested individually in each station and will be expected to direct the actions of any assistant EMTs who may be present in the station. The candidate should pass or fail the examination based solely on his/her actions and decisions.

The following is a list of the stations and their established time limits. The maximum time is determined by the number and difficulty of tasks to be completed.

Skill to be Tested	Maximum Time Limit
Station 1: Patient Assessment Management – Trauma	10 min.
Station 2: Patient Assessment Management – Medical	10 min
Station 3: Cardiac Arrest Management/AED	15 min
Station 4: Bag-Valve-Mask Apneic Patient	10 min
Station 5: Spinal Immobilization Station	
Spinal Immobilization – Supine Patient	10 min
Or	
Spinal Immobilization – Seated Patient	10 min
Station 6: Random Basic Skill Verification	Dependent on the skill
Long Bone Injury	5 min
Joint Injury	5 min
Traction Splint	10 min
Bleeding Control/Shock Management	10 min
Upper Airway Adjuncts and Suction	5 min
Mouth-to-Mask with Supplemental Oxygen	5 min
Supplemental Oxygen Administration	5 min

The random skill station should be conducted so that the candidate is completely unaware of the skill to be tested until he/she enters the skill station. A method of accomplishing this is to list the random skills individually on cards. As the candidate enters, he/she will draw a card. The skill that is listed on the card is the skill to be tested.

Another possible method is to have the examination coordinator and the physician medical director to randomly select a skill that will be tested by all candidates entering the random skill station. A complication of this method is that candidates testing later in the day may be informed by earlier candidates about the skill to be tested. If this method is used, great care should be taken to eliminate this unfair advantage.

Advanced airway evaluation instruments are included in Appendix I. The evaluation instruments are not a required component of the minimal skill competency of the EMT-Basic as defined by the 1994 National Standard curriculum. We are including these skill evaluation instruments as a service to those states who choose to follow the recommendation of the National EMS Education and Practice Blueprint as a part of the advance airway module of the 1994 EMT-Basic National Standard Curriculum.

EQUIPMENT

The supplies and equipment needed to prepare each of the six (6) examination stations are listed below. Each examiner will need a watch and a supply of evaluation instruments to score each candidate's performance.

Equipment List:

Patient Assessment/Management (Trauma and Medical)

- Examination gloves
- Pen Light
- Blood pressure cuff
- Stethoscope
- Moulage kit

Cardiac Arrest Management/AED

- Examination gloves
- Full body CPR mannequin
- Automated external defibrillator
- Bag-valve-mask device
- Pocket mask or demand valve
- Oropharyngeal airway
- Oxygen tan, regulator and flowmeter
- Oxygen connecting tubing
- Portable suction
- Rigid tip suction catheter
- Backboard or CPR board
- Ambulance cot
- Patient securing straps

Bag-Valve-Mask Apneic Patient With Pulse

- Examination gloves
- Oropharyngeal airways (various sizes)
- Bag-Valve-Mask device
- Oxygen tank, regulator and flowmeter
- Oxygen connecting tubing
- Ventilation mannequin (capable of recording, By light or graph, 800 ml ventilation volumes)

Spinal Immobilization Skills (Seated and Supine Patient)

- Examination gloves
- Short spine immobilization device (short spine board, KED, etc.)
- Long spine immobilization device (i.e., long spine board)
- Cervical collar
- Head immobilizer (commercial or improvised)
- Padding (i.e. towel, cloths)
- Patient securing straps
- Roller gauze or cravats
- Tape

Random Skill Station

Examination gloves
Eye goggles
Ventilation mannequin (capable of recording, by light or graph, 800 ml ventilation volumes)
Oxygen tank, regulator and flowmeter
Oxygen connecting tubing
Nasal Cannula
Non-rebreather mask and with reservoir
Pocket mask with one-way valve
Oropharyngeal airways (various sizes)
Nasopharyngeal airways (various sizes)
Airway lubricant
Tongue blades
Intubation mannequin (must be anatomically accurate)
Traction splint and associated equipment
Sling and swathe
Rigid splinting material (various sizes)
Field dressings and bandages

Orienting the Skill Station Examiners as a Group

An important component in ensuring the examination operates smoothly is orienting the skill station examiners to their role and responsibilities during the examination process. In order to ensure the consistent performance of examiners throughout the day, the examiners should be assembled as a group prior to the start of the examination and instructed in the procedures of the examination according to a standardized orientation script.

Orienting the Candidates as a Group

An important aspect of the examination is the initial meeting and orientation of the candidates. Once all candidates have been registered for the examination, they should be assembled as a group and instructed in the procedure of the examination according to a standard orientation script. During this period, the candidates should be given clear and complete directions as to what is expected of theme during the examination. However, special effort should be made to put the candidates at ease. It is during this period that questions regarding the examinations should be solicited and answered.

During this orientation session, candidates should also be instructed to leave the testing area immediately upon completion of their examination and to not discuss the examination with those candidates waiting to be tested.

Orienting the Individual

Following the group orientation, candidates will wait for directions to report to a specific testing area. Prior to entering these areas, the candidates are greeted by the examiner and read the "Instructions to the Candidate" as they appear at the end of each practical skills essay provided by the examination coordinator. To assure consistency and fairness, these instructions should be read to each candidate exactly as written. Each candidate should then be questioned as to his/her understanding of the instruction and provided with clarification as required.

Caution must be used to avoid lengthy questions or attempts by the candidate to obtain answers to questions, which have no bearing on the examination. Examiners should be courteous and professional in all conversations with candidates.

Evaluating the Candidate Using the Skill Evaluation Instruments

The evaluation process consists of the examiner at each station observing the candidate's performance and recording it on a standardized skill evaluation instrument. The examiner's role becomes that of an observer and recorder of events. Skill evaluation instruments have been developed for each of the six (6) stations. Additionally, essays explaining each

skill evaluation instrument have been developed to assist the skill station examiner with the appropriate use of the instrument.

Except to start or stop a candidate's performance, to deliver necessary cues (e.g., "The patient's blood pressure is 100/40; pulse is 120 and thready.") or to ask for clarification the examiner should not speak to the candidate during hi/her performance. Similarly, the examiner should not react, either positively or negatively, to anything the candidate says or does.

Programmed Patient's Role

The programmed patient is responsible for an accurate and consistent portrayal as the victim in the scenario for the station. The programmed patient's comments concerning the candidate's performance should be noted on the reverse side of the performance skill sheet. These comments should be as brief and as objective as possible so they can be used in the final scoring of the candidate's performance.

Sample Orientation Script

This standardized orientation script is an example of the type of script which should be read before each examination session after the candidate have registered for the examination and before they are sent to the examination stations. The script is normally read by the examination coordinator, who should maintain a friendly and professional attitude.

General Instructions

Welcome to the EMT-Basic practical examination. I'm **name and title.** By successfully completing this examination process and receiving subsequent certification you will have proven to yourself and the medical community that you have achieved the level of competency assuring that the public receives quality pre-hospital care.

I will now read the roster, for attendance purposes, before we begin the orientation. Please identify yourself when your name is called.

The skill station examiner(s) utilized today were selected because of their expertise in the particular skill station. Skill station examiners are observers and recorders of your expected appropriate actions. They record your performance in relationship to the criteria listed on the evaluation instrument developed by the National Registry of Emergency Medical Technicians.

The skill station examiner will call you into the station when it is prepared for testing. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next station. You must wait outside the testing area until the station is open and you are called. You are not permitted to take any books, pamphlets, brochures or other study material into the station. You are not permitted to make any copies or recordings of any station. The skill station examiner will greet you as you enter the skill station. The examiner will ask your name. Please assist him/her in spelling your name so that your results may be reported accurately. Each skill station examiner will then read aloud "Instructions to the Candidate" exactly as printed on the instruction provided to them by the examination coordinator. The information is read to each candidate in the same manner to ensure consistency and fairness.

Please pay close attention to the instructions, as they correspond to dispatch information you might receive on a similar emergency call and give you valuable information on what will be expected of you during the skill station. The skill station examiner will offer to repeat the instructions and will ask you if the instructions were understood. Do not ask for additional information not contained within the instructions, as the skill station examiner is not permitted to give this information. Candidates sometimes complain that skill station examiners are abrupt, cold or appear unfriendly. No one is here to add to the stress and anxiety you may already feel. It is important to understand the examiners have been told they must avoid casual conversation with candidates. This is necessary to assure fair and equal treatment of all candidates throughout the examination. We have instructed the skill station examiners not to indicate to you in any way a judgement regarding your performance in the skill station. Do not interpret any of the examiners remarks as an indication of your overall performance. Please recognize the skill station examiner's attitude as professional and objective, and simply perform the skills to the best of your ability.

Each skill station is supplied with several types of equipment for your selection. You will be given time at the beginning of the skill station to survey and select the equipment necessary for the appropriate management of the patient. Do not feel obligated to use all the equipment. If you brought any of your own equipment, I must inspect and approve it before you enter the station.

As you progress through the practical examination, each skill station examiner will be observing and recording your performance. Do not let his/her documentation practices influence your performance in the station. There is no correlation between the volume of his/her documentation and the quality of your performance. You are encouraged to explain the things your are doing during your performance in the station.

If the station has an overall time limit, the examiner will inform you of this during the reading of the instructions. When you reach the time limit, the skill station examiner will inform you to stop your performance. However, if you complete the station before the allotted time, inform the examiner that you are finished. You may be asked to remove equipment from the patient before leaving the skill station.

You are not permitted to discuss any specific details of any station with each other at any time. Please be courteous to the candidates who are testing by keeping alL excess noise to a minimum. Be prompt in reporting to each station so that we may complete this examination within a reasonable time period.

Failure of three (3) or less skill stations entitles you to a same day retest of those skills failed. Failure of four (4) or more skill stations constitutes a failure of the entire practical examination, requiring a retest of the entire practical examination. Failure of the same-day retest entitles you to a retest of those skills failed. This retest must be accomplished at a different site with a different examiner. Failure of the retest at the different site constitutes a complete failure of the practical examination, and you will be required to retest the entire practical examination. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Any retest of the entire practical examination requires the candidate to document remedial training over all skills before re-attempting the examination.

The results of the practical examination are reported as a pass/fail of the skill station. You will not receive a detailed critique of your performance on any skill. Please remember that today's examination is a formal verification process and was not designed to assist with teaching or learning. The purpose of this examination is to verify achievement of the minimal DOT competencies after the educational component has been completed. Identifying errors would be contrary to the principle of this type of examination, and could result in the candidate "learning" the examination while still not being competent in the necessary skill. It is recommended that you contact your teaching institution for remedial training if you are unsuccessful in a skill station.

If you feel you have a complaint concerning the practical examination, a formal complaint procedure does exist. You must initiate any complaint with me today. Complaints will not be valid after today and will not be accepted if they are issued after you learn of your results or leave this site. You may file a complaint for only two (2) reasons:

1. **You feel you have been discriminated against. Any situation in that can be documented in which you feel an unfair evaluation of your abilities occurred may be considered discriminatory.**
2. **There was an equipment problem or malfunction in your station.**

If you feel either of these two things occurred, you must contact me immediately to initiate the complaint process. You must submit the complaint in writing. The examination coordinator and the medical director will review your concerns.

I am here today to assure that fair, objective, and impartial evaluations occur in accordance with the guidelines contained in this guide. If you have any concerns, notify me immediately to discuss your concerns. I will be visiting all skill stations throughout the examination to verify adherence to these guidelines. Please remember that if you do not voice your concerns or complaints today before you leave this site or before I inform you of your results, your complaints will not be accepted.

Does anyone have any questions concerning the practical examination at this time?

Points to Remember

1. Follow instructions from the staff.
2. During the examination, move only to areas directed by the staff.
3. Give your name as you arrive at each station.
4. Listen carefully as the testing scenario is explained at each station.
5. Ask questions if the instructions are not clear.
6. During the examination, do not talk about the examination with anyone other than the skill station examiner, programmed patient and, when applicable, to the EMT assistant.
7. Be aware of the time limit, but do not sacrifice quality performance for speed.
8. Equipment will be provided. Select and use only that which is necessary to care for your patient adequately.

The National Registry of Emergency Medical Technicians
EMT-Basic Practical Examination

The purpose of this checklist is to help the examination coordinator establish a quality control process for the examination and to provide the testing agency with a means of helping to assure standardization of practical examinations. To achieve this, the examination coordinator, or designee, must personally oversee or observe the various components of the examination as presented in this checklist. As each control criterion is completed, a check should be placed in the space provided. If a check is not placed in the space provided, an explanation why that criterion was not met should be listed on the reverse side of this checklist. This checklist should be completed and signed by the examination coordinator before an examination is accepted for credit by the testing agency.

Examination site:_____ Examination Date:_____

A. ORGANIZATION OF THE EXAMINATION

- ☐ **Established a minimum of six (6) examination skill stations**
- ☐ **Scheduled the appropriate number of qualified skill stations examiners**
- ☐ **Registered and identified candidates to assure eligibility to participate in the examination**
- ☐ **Reviewed qualification of skill station examiners prior to the examination**

B. FACILITIES

- ☐ **Skill stations had adequate room to conduct the examination without interference**
- ☐ **Equipment was in working order**
- ☐ **An adequate variety of equipment was provided**

C. SKILL STATION EXAMINERS

- ☐ **Read and understood their role in the examination process**
- ☐ **Remained objective in recording each candidate's performance**
- ☐ **Did not introduce extraneous elements into the skill station**
- ☐ **Read the "Instructions to the Practical Skills Candidate" to each individual tested**
- ☐ **Did not show preference toward any agency or individual for any reason**

D. ORIENTATION OF CANDIDATES AND SKILL STATION EXAMINERS

- ☐ **Read the standardized orientation script clearly and completely**
- ☐ **Allowed adequate time for candidates to ask questions concerning the examination**
- ☐ **Oriented programmed patients and EMT assistance as required**

E. CANDIDATES

- ☐ **Were instructed concerning the practical examination retest policy**
- ☐ **Were instructed concerning the process for filing an official complaint**

F. SCORING THE PERFORMANCE

- ☐ **Used proper criteria for determining the final grade of the candidate**
- ☐ **Recorded the overall grade on the Practical Examination Report Form**

By virtue of my signature and completion of this checklist, I attest to the fact that this examination was organized and administered according to standards established by the National Registry of Emergency Medical Technicians.

Signature Examination Coordinator

Signature Medical Director

Examination Attempt

Initial Attempt_____

Retest _____

2nd Retest_____

The National Registry of Emergency Medical Technicians

Overall Score

_____ Pass

_____ Fail

_____ Retest

EMT-Basic Practical Examination Report Form

Name _____

Last Name **First Name** **Middle Initial**

Address _____

Street **City** **State** **Zip Code**

Exam Site: _____ **Date:** _____

Station #1	Patient Assessment/Management – Trauma	Pass	Fail
Station #2	Patient Assessment/Management – Medical	Pass	Fail
Station #3	Cardiac Arrest Management/AED	Pass	Fail
Station #4	Bag-Valve-Mask Apneic Patient	Pass	Fail
Station #5	Spinal Immobilization (Specify) Seated/Supine	Pass	Fail
Station #6	Random Skill Verification (Specify)_____	Pass	Fail

Examination Coordinator: _____

Signature

Physician Medical Director: _____

Signature

Candidates failing three (3) or less stations are eligible for a same day retest of the skills failed. Failing a same day retest will require the candidate to retest only those skills failed at a different site with a different examiner. Failure of the retest attempt at a different site and with a different examiner constitutes a complete failure of the practical examination. A candidate is allowed to test a single skill a maximum of three (3) times before he/she must retest the entire practical examination. Failing four (4) or more stations, constitutes a complete failure of the practical examination. Any complete failure of the practical examination will require the candidate to document remedial training over all skills before re-attempting all stations of the practical examination.

Remarks: _____

_____

_____

_____

Instructions to the Practical Skills Examiner
Patient Assessment/Management Trauma

This station is designed to test the candidate's ability to integrate patient assessment and interventions skills on a victim with multi-systems trauma. Since this is a scenario based station, it will require some dialogue between the examiner and the candidate. The candidate will be required to physically accomplish all assessment steps listed on the evaluation instrument. However, all interventions should be spoken instead of physically accomplished. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this station. If a candidate quickly inspects, assesses or palpates the patient in a manner which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his./her actions. For example, if the candidate stares at the patient's face, you must ask what he/she is assessing to precisely determine if he/she was checking the eyes, facial injuries or skin color. Any information pertaining to sight, sound, touch, smell, or an injury that can not be realistically moulaged but would be immediately evident in a real patient encounter, must be supplied by the examiner as soon as the candidate exposes or assesses that area of the patient.

This skill station requires the presence of a simulated trauma victim. The victim should be briefed on his/her role in this station as well as how to respond throughout the assessment by the candidate. Additionally, the victim should have read thoroughly the "Instructions to the Simulated Trauma Victim." Trauma moulage should be used as appropriate. Moulage may range from commercially prepared moulage kits to theatrical moulage. Excessive/dramatic use of moulage must not interfere with the candidate's ability to expose the victim for assessment.

The victim will present with a minimum of an airway, breathing, circulatory problem and one associated injury or wound. The mechanism and location of the injury may vary, as long as the guidelines listed above are followed. It is essential that once a scenario is established for a specific test site, it remains the same for all candidates being tested at that site. This will ensure consistency of the examination process for all candidates.

Candidates are required to conduct a scene size-up just as they would in a field setting. When asked about the safety of the scene, the examiner must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient care, no points should be awarded for the task **"Determines the scene is safe".**

An item of some discussion si where to place vital signs within a pre-hospital patient assessment. Obtaining precise agreement among various EMT texts and programs is virtually impossible. Vital signs have been place in the focused history and physical. This should not be construed as the only place that vital signs may be accomplished. It is merely the earliest point in a pre-hospital assessment that they may be accomplished.

Once the scene size-up and initial assessment are completed, the exact location of vital signs within a pre-hospital assessment is dependent upon the patient's condition. As an examiner, you should award one point for vital signs as long as they are accomplished according to the patient's condition. The scenario format of a multi-trauma assessment/management testing station requires the examiner to provide the candidate with essential information throughout the examination process. Since this station uses a simulated patient, the examiner must supply all information pertaining to sight, sound, smell or touch that can not be adequately portrayed with the use of moulage. This information should be given to the candidate when the area of the patient is exposed or assessed.

The candidate may direct an EMT assistant to obtain patient vital signs. The examiner must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked. The examiner must give vital signs that are appropriate for the patient and the treatment that has been rendered. In other words, if a candidate has accomplished correct treatment for hypoperfusion, do not offer vital signs that deteriorate the patient's condition. This may cause the candidate to assume he/she has rendered inadequate or inappropriate care. Likewise, if a candidate fails to accomplish appropriate treatment for hypoperfusion, do not offer vital signs that improve the patient's condition. This may cause the candidate to assume he/she has provided adequate care. The examiner should not offer information that overly improves or deteriorates a patient. Overly improving a patient invites the candidate to discontinue treatment and may lead to the candidate failing the examination. Overly deteriorating the patient may lead to the candidate initiating PR. This station was not designed to test CPR.

Due to the scenario format and voiced treatments, a candidate may forget what he/she has already don't to the patient. This may result in the candidate attempting to do assessment/intervention steps on the patient that are physically impossible. For example, the candidate may have voiced placement of a cervical collar in the initial assessment and then later, in the detailed physical examination, attempt to evaluate the integrity of the cervical spine. Since this cannot be done without removing the collar, you, as an examiner, should remind the candidate that previous treatment prevents assessing the area. This same situation may occur with splints and bandages.

Each candidate is required to complete a detailed physical examination of the patient. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the detailed physical examination enroute to the hospital. You should be aware that the candidate may accomplish portions of the detailed physical examination during the rapid trauma assessment. For example, the candidate must inspect the neck prior to placement of a cervical collar. If the candidate fails to assess a body area prior to covering the area with a patient care device, no points should be awarded for the task. However, if a candidate removes the device, assesses the area and replaces the device without compromising patient care, full points should be awarded for the specific task.

NOTE: The preferred method to evaluate a candidate is to write the exact sequence the candidate follows during the station as it is performed. You may then use this documentation to fill out the evaluation instrument sheet after the candidate completes the station. This documentation may then be used to validate the sequence on the evaluation instrument if questions should arise later.

INSTRUCTIONS TO THE CANDIDATE
PATIENT ASSESSMENT/MANAGEMENT TRAUMA

This station is designed to test your ability to perform a patient assessment of a victim of multi-systems trauma and "voice" treat all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) minutes to complete this skill station. Do you have any questions?

SAMPLE TRAUMA SCENARIO

The following is an example of an acceptable scenario for this station. It is not intended to be the only possible scenario for this station. Variations of the scenario are possible and should be used to reduce the possibility of future candidate's knowing the scenario before entering the station. If the scenario is changed, the following guidelines must be used.

1. A clearly defined mechanism of injury must be included. The mechanism of injury must indicate the need for the candidate to perform a rapid trauma assessment.
2. There must be a minimum of an airway, breathing and circulatory problem.
3. There must be an additional associated soft tissue or musculoskeletal injury.
4. Vital signs must be given for the initial check and one re-check.

TRAUMA SITUATION #1
Patient Assessment/Management

Mechanism of Injury: You are called to the scene of a motor vehicle crash where you find a victim who was thrown from the car. You find severe damage to the front end of the car. The victim is found lying in a field 30 feet from the upright car.

Injuries.....: The patient will present with the following injuries. All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has read the "Instructions to Simulated Trauma Victim" that have been provide

1. unresponsive
2. left side flail chest
3. decreased breath sounds, left side
4. cool, clammy skin; no distal pulses
5. distended abdomen
6. puils equal
7. neck veins flat pelvis stable
8. pelvis stable
9. omen injury of the left femur with capillary bleeding

Vital Signs..... 1. Initial Vital Signs – **B/P** 72/60, **P** 140, **RR** 28

9. Upon recheck – if appropriate treatment: B/P 86/74, **P** 120, **RR** 22

10. Upon recheck – of inappropriate treatment: **B/P** 64/48, **P** 138, **RR** 44

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
PATIENT ASSESSMENT / MANAGEMENT MEDICAL

This station is designed to test the candidate's ability to use appropriate questioning techniques to assess a patient with a chief complaint of a medical nature and to verbalize appropriate interventions based on the assessment findings. This is a scenario based station and will require extensive dialogue between the examiner and the candidate. A simulated medical patient will answer the questions asked by the candidate based on the scenario being utilized. The candidate will be required to physically accomplish all assessment steps listed on the skill sheet. However, all interventions should be spoken instead of physically accomplished. You must establish a dialogue with the candidate throughout this station. Any information pertaining to sight, sound, touch, or smell that cannot be seen but would be evident immediately in a real patient encounter, must be supplied by the examiner.

The scenario should provide enough information to enable the candidate to form a general impression of the patient's condition. Additionally, the patient in the scenario must be awake and able to talk. The medical condition of the patient will vary depending upon the scenario utilized in the station. It is essential that once a scenario is established for a specific test site, it remains the same for all candidates being tested at that site. This will ensure consistency of the examination process for all candidates.

This skill station requires the presence of a simulated medical patient. You, or the simulated medical patient, should not alter the patient information provided in the scenario and should provide only the information that is specifically asked for by the candidate. Information pertaining to vital signs should not be provided until the candidate actually performs the steps necessary to gain such information. In order to verify that the simulated patient is familiar with his/her role during the examination, you should ensure he/she reads the "Instructions to the Simulated Medical Patient" provided at the end of this essay. You should also role play the selected scenario with him/her prior to the first candidate entering the skill station.

The scene size-up should be accomplished once the candidate enters the testing station. Brief questions such as **"Is the scene safe?"** should be asked by the candidate. When the candidate attempts to determine the nature of the illness, you should respond based on the scenario being utilized, i.e.; Respiratory, Cardiac, Altered Mental Status, Poisoning/Overdose, Environmental Emergency, Obstetrics, or Behavioral.

For the purpose of this station, there should be only one patient, no additional help is available and cervical spine stabilization is not indicated. The candidate must verbalize the general impression of the patient after hearing the scenario. The remainder of the possible points relative to the initial assessment and the focused history and physical examination are listed in the individual scenarios.

The point for **"Interventions"** should be awarded based on the candidates ability to verbalize appropriate treatment for the medical emergency described in the scenario. For example; if the patient is complaining of breathing difficulty, the point for interventions should be awarded if the candidate verbalizes administration of oxygen to the patient.

When assessing the signs and symptoms of the patient, the candidate must gather the appropriate information by asking the questions listed on the skill sheet. The number of questions required to be asked differs based on the scenario and the chief complaint. The point for **"Signs and symptoms (Assess history of present illness)"** is awarded based on the following criteria:

Respiratory	5 or more questions asked, award one point. 4 or less questions asked, award no point.
Cardiac	5 or more questions asked, award one point. 4 or less questions asked, award no point.
Altered Mental Status	6 or more questions asked, award one point. 5 or less questions asked, award no point.

Allergic Reaction	4 or more questions asked, award one point. 3 or less questions asked, award no point.
Poisoning/Overdose	5 or more questions asked, award one point. 4 or less questions asked, award no point.
Environmental Emergency	4 or more questions asked, award one point. 3 or less questions asked, award no point.
Obstetrics	5 or more questions asked, award one point. 4 or less questions asked, award no point.
Behavioral	4 or more questions asked, award one point. 3 or less questions asked, award no point.

Each candidate is required to complete a full patient assessment. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the focused history and physical examination and ongoing assessment enroute to the hospital.

NOTE: The preferred method to evaluate a candidate is to write the exact sequence the candidate follows during the station as it is performed. You may then use this documentation to fill out the evaluation instrument after the candidate completes the station. This documentation may then be used to validate the score on the evaluation instrument if questions should arise later.

INSTRUCTIONS TO THE CANDIDATE PATIENT ASSESSMENT / MANAGEMENT MEDICAL

This station is designed to test your ability to perform a patient assessment of a patient with a chief complaint of a medical nature and "voice" treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) minutes to complete this skill station. Do you have any questions?

SAMPLE MEDICAL SCENARIOS

RESPIRATORY

You arrive at home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a "tripod" position. You see rapid respiration's and there is cyanosis around the lips, fingers and capillary beds.

INITIAL ASSESSMENT

Chief Complaint:	"I'm having a hard time breathing and I need to go to the hospital."
Apparent Life Threats:	Respiratory compromise.
Level of Responsiveness:	Patient is only able to speak in short sentences interrupted by coughing.
Airway:	Patent.
Breathing:	28 and deep, through pursed lips.
Circulation:	No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds.
Transport Decision:	Immediate transport.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset:	"I've had emphysema for the past ten years, but my breathing has been getting worse the past couple of days."
Provokes:	"Whenever I go up or down steps, it gets really bad."
Quality:	"I don't have any pain, I'm just worried because it is so hard to breath. I can't seem to catch my breath."
Radiate:	"I don't have any pain."
Severity:	"I can't stop coughing. I think I'm dying."
Time:	"I woke up about three hours ago. I haven't been able to breath right since then."
Interventions:	"I turned up the flow of my oxygen about an hour ago."
Allergies:	Penicillin and bee stings.
Medications:	Oxygen and a handheld inhaler.
Past Medical History:	Treated for emphysema for the past 10 years.
Last Meal:	"I ate breakfast this morning."
Events Leading To Illness:	"I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed."
Focused physical Examination:	Auscultate breath sounds.
Vitals:	RR 28, P 120, BP 140/88.

CARDIAC

You arrive on the scene where a 57 year old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint:	"My chest really hurts. I have angina but this pain is worse than any I have ever felt before."
Apparent Life Threats:	Cardiac compromise.
Level of Responsiveness:	Awake and alert.
Airway:	Patent.
Breathing:	24 and shallow.
Circulation:	No bleeding, pulse 124 and weak, skin cool and clammy.
Transport Decision:	Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset:	"The pain woke me up from my afternoon nap."
Provokes:	"It hurts really bad and nothing I do makes the pain go away."
Quality:	"It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath."
Radiate:	"My shoulders and jaws started hurting about ten minutes before you got here, but the worst pain is in the middle of my chest. That's why I called you."
Severity:	"This is the worst pain I have ever felt. I can't stand it."
Time:	"I've had this pain for about an hour, but it seems like days."
Interventions:	"I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?"
Allergies:	None.
Medications:	Nitroglycerin.
Pat Medical History:	Diagnosed with angina two years ago.
Last Meal:	"I had soup and a sandwich about three hours ago."
Events Leading To Illness:	"I was just sleeping when the pain woke me up."
Events Leading to Illness:	"I was just sleeping when the pain woke me up."
Focused physical Examination:	Assesses baseline vital signs.
Vitals:	RR 24, P 124, BP 144/92.

SAMPLE MEDICAL SCENARIOS

ALTERED MENTAL STATUS

When you arrive on the scene you are met by a 37 year old male who says his wife is a diabetic and isn't acting normal.

INITIAL ASSESSMENT

Chief Complaint:	"My wife just isn't acting right. I can't get her to stay awake. She only opens her eyes then goes right back to sleep."
Apparent Life Threats:	Depressed central nervous system, respiratory compromise.
Level of Responsiveness:	Opens eyes in response to being shaken.
Airway:	Patent.
Breathing:	14 and shallow.
Circulation:	120 and weak.
Transport Decision:	Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Description Of Episode:	"My wife took her insulin this morning like any other morning but she has had the flu and has been vomiting."
Onset:	"It happened so quickly. She was just talking to me and then she just went to sleep. I haven't really been able to wake her up since."
Duration:	"She's been this way for about 15 minutes now. I called you right away. I was really scared."
Associated Symptoms:	"The only thing that I can think of is that she was vomiting last night and this morning."
Evidence Of Trauma:	"She didn't fall. She was just sitting on the couch and fell asleep. I haven't tried to move her."
Interventions:	"I haven't done anything but call you guys. I know she took her insulin this morning."
Seizures:	None.
Fever:	Low grade fever.
Allergies:	Penicillin.
Medications:	Insulin.
Past Medical History:	Insulin dependent diabetic since 21 years of age.
Last Meal:	"My wife ate breakfast this morning."
Events Leading To Illness:	"My wife has had the flu and been vomiting for the past 24 hours."
Focused physical Examination:	Completes a rapid assessment to rule out trauma.
Vitals:	RR 14. P 120. BP 110/72.

ALLERGIC REACTION

You arrive to find a 37 year old male who reports eating cookies he purchased at a bake sale. He has audible wheezing, and is scratching red, blotchy areas on his abdomen, chest and arms.

INITIAL ASSESSMENT

Chief Complaint:	"I'm having an allergic reaction to those cookies I ate."
Apparent Life Threats:	Respiratory and circulatory compromise.
Level of Responsiveness:	Awake, very anxious and restless.
Airway:	Patent.
Breathing:	26, wheezing and deep.
Circulation:	No bleeding, pulse 120 and weak, cold and clammy skin.
Transport Decision:	Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

History of Allergies:	"Yes. I'm allergic to peanuts."
When ingested:	"I ate cookies about 20 minutes ago and began itching all over about five minutes later."
Effects:	"I'm having trouble breathing and I feel lightheaded and dizzy."
Progression:	"My wheezing is worse. Now I'm sweating really bad."
Interventions:	"I have my epi-pen upstairs but I'm afraid to stick myself."
Allergies:	Peanuts and penicillin.
Medications:	None.
Allergies:	None.
Past Medical History:	"I had to spend two days in the hospital the last time this happened.".
Last Meal:	"The last thing I ate were those cookies."
Events Leading To Illness:	"None, except I ate those cookies."
Focused physical Examination:	Not indicated (award point)..
Vitals:	RR 26, P 120, BP 90/60.

SAMPLE MEDICAL SCENARIOS

POISONING/OVERDOSE

You arrive on the scene where a 3 year old girl is sitting on her mother's lap. The child appears very sleepy and doesn't look at you as you approach.

INITIAL ASSESSMENT

Chief Complaint:	"I think my baby has swallowed some of my sleeping pills. Please don't let her die!"
Apparent Life Threats:	Depressed central nervous system and respiratory compromise.
Level of Responsiveness:	Responds slowly to verbal commands.
Airway:	Patent.
Breathing:	18 and deep.
Circulation:	120 and strong.
Transport Decision:	Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Substance:	"My baby took my sleeping pills. I don't know what kind they are. They just help me sleep at night."
When ingested:	"I think she must have got them about an hour ago when I was in the shower. Her older sister was supposed to be watching her."
How much Ingested:	"My prescription was almost empty. There couldn't have been more than four or five pills left. Now they're all gone. Please do something."
Effects:	"She just isn't acting like herself. She's usually running around and getting into everything."
Progressions:	"She just seems to get sleepier and sleepier by the minute."
Interventions:	"I didn't know what to do, so I just called you. Can't you do something for her."
Allergies:	None.
Medications:	None.
Past Medical History:	None.
Last Meal:	"She ate breakfast this morning."
Events Leading To Illness:	"She just swallowed the pills."
Focused physical Examination:	Completes a rapid trauma assessment to rule out trauma.
Vitals:	RR 18, P 120, BP 90/64.

ENVIRONMENTAL EMERGENCIES

You arrive on the scene as rescuers are pulling a 16 year old female from an ice covered creek. The teenager has been moved out of the creek onto dry land, is completely soaked and appears drowsy.

INITIAL ASSESSMENT

Chief Complaint:	"I saw something in the water below the ice. When I tried to get it out, the ice broke."
Apparent Life Threats:	Generalized hypothermia.
Level of Responsiveness:	Responsive, but slow to speak.
Airway:	Patent.
Breathing:	26 and shallow.
Circulation:	No bleeding, pulse 110 and strong; pale, wet skin still covered in wet clothing..
Transport Decision:	Immediate.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

History of Allergies:	"I fell in the creek when the ice broke. I tried to get out but the current was to strong. Thank God you came."
Environment:	"The water was up to my neck. I could stand up, but I couldn't get out of the water."
Duration:	"I think I was in the water for ten minutes before they pulled me out. It felt like an hour."
Loss of Consciousness:	"I feel sick, but I never passed out."
Effects:	Lowered body temperature, slow speech patterns, "I can't stop shivering."
Allergies:	None.
Medications:	None.
Past Medical History:	None.
Last Meal:	"I ate lunch at school three hours age."
Events Leading To Illness:	"I thought the ice would hold me."
Focused physical Examination:	Completes a rapid assessment to rule out trauma.
Vitals:	RR 26, P 110 and strong, BP 120/80.

SAMPLE MEDICAL SCENARIOS

OBSTETRICS

You arrive on the scene where a 26 year old female is laying on the couch saying, "The baby is coming and the pain is killing me!"

INITIAL ASSESSMENT

Chief Complaint:	"I'm nine months pregnant and the baby is coming soon."
Apparent Life Threats:	None.
Level of Responsiveness:	Awake and alert.
Airway:	Patent.
Breathing:	Panting, rapid breathing during contractions.
Circulation:	no bleeding, pulse 120, skin is pale.
Transport Decision:	Unknown.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Are you Pregnant:	See chief complaint (award point if mentioned in general impression).
How long Pregnant:	See chief complaint (award point if mentioned in general impression).
Pain or Contractions:	"My pain is every 2-3 minutes and it lasts 2-3 minutes."
Bleeding or Discharge:	None.
Do you feel the Need to push:	"Yes, every time the pain begins."
Crowning:	Present (award point if identified in focused physical exam).
Allergies:	None.
Medications:	None.
Past Medical History:	"This is my third baby."
Last Meal:	"I ate breakfast today."
Events Leading To Illness:	"The contractions started a few hours ago and have not stopped."
Focused physical Examination:	Assess for crowning, bleeding and discharge.
Vitals:	RR 40 during contractions, P 120, BP 140/80.

BEHAVIORAL

You arrive on the scene where you find a 45 year old male in the custody of the police. He is unable to stand and smells of beer. He appears to be dirty and you notice numerous rips and tears in his clothes..

INITIAL ASSESSMENT

Chief Complaint:	"Nothing is wrong with me except these cops won't leave me alone. I only drank two beers."
Apparent Life Threats:	None.
Level of Responsiveness:	Responds slowly with slurred speech to verbal questions.
Airway:	Patent.
Breathing:	16 and effortless.
Circulation:	No bleeding, pulse 100, warm skin and red nose.
Transport Decision:	Delayed.

FOCUSED HISTORY AND PHYSICAL EXAMINATION

How do You feel:	"I'm a little sick, otherwise, I just want to go to sleep."
Suicidal Tendencies:	"No, I ain't going to kill myself."
Threat to Others:	"Hey man, I ain't never hurt anyone in my life."
Is there a medical Problem:	"My wife says I'm an alcoholic, but what does she know?"
Interventions:	"Yeah, I took three aspirins because I know I'm going to have one heck of a headache in the morning."
Allergies:	None.
Medications:	None.
Past Medical History:	"I've been in the hospital four times with those DTs.
Last Meal:	"Man, I haven't eaten since yesterday."
Events Leading To Illness:	"I don't care what these cops say, I didn't fall down. I was just taking a nap before going home."
Focused physical Examination:	Completes a rapid assessment to rule out trauma.
Vitals:	RR 16, P 100, BP 90/60.

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
CARDIAC ARREST MANAGEMENT/AED

This station is designed to test the candidate's ability to effectively manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts, and patient/scene management skills. This includes the integration of people and equipment commonly associated with an ambulance responding to a cardiac arrest scene in a basic life support scenario. The candidate will arrive at the scene and encounter a cardiac arrest situation with CPR being performed by a first responder. The candidate will be required to immediately apply an automated external defibrillator and deliver appropriate shocks.

The current American Red Cross and American Heart Association CPR courses instruct students in the techniques of CPR, however, they do not instruct the student in the use and integration of adjunctive equipment, including AED, or how to prepare the patient for transportation as he/she will be required to do in an actual field situation. Since this station tests the candidate's ability to integrate CPR skills into cardiac arrest scene management, it is required that before entering this station the candidate present documentation of successful completion (card or certificate) of a current CPR course. The course must meet, or exceed, the criteria set forth in the American Heart Association's Basic Life Support Course "Basic Life Support for health Care Providers" or the American Red Cross equivalent.

The skill sheet is divided into four distinct segments: Assessment, Transition, Integration, and Transportation.

ASSESSMENT: In this segment the candidate must demonstrate effective history gathering skills by obtaining information about the events leading up to, and during, the cardiac arrest. When gathering the history the candidate must ask, at minimum, the following questions:

- **How long has the victim been in arrest?**
- **How long has CPR been in progress?**

Although gathering a history on the cardiac arrest event is an assessment item, it should not be construed that it overrides the need for resuscitation. The current standards for CPR should be adhered to at all times during this station. The candidate must assess for the presence of a spontaneous pulse and be informed, by you, that there is no spontaneous pulse. The candidate must direct the resumption of CPR by the assistant EMT or the first responder while he/she prepares the defibrillator for use. The candidate must, within one minute of arrival at the patient's side, apply the automated external defibrillator to the mannequin and initiate the first shock. The candidate should deliver the entire three shock sequence. You should inform the candidate that there is "no pulse" on any pulse check.

TRANSITION: In this segment the candidate must direct the EMT assistant and the first responder to initiate two (2) rescuer CPR. Also during this segment, the candidate must prepare the airway and ventilation adjuncts to be used in the integration segment. The candidate should attempt to gather additional information from bystanders about the events leading to the cardiac arrest. When asked questions about the event, you should indicate that bystanders did not see the victim collapse and are unaware of any associated medical problems.

INTEGRATION: In this segment the candidate must integrate the use of an oropharyngeal airway and a ventilation adjunct into the CPR scenario that is already in progress. The candidate voices that he/she would measure and insert the oropharyngeal airway. He/she then must ventilate or direct the ventilation of the patient using adjunctive equipment. Interruption of CPR should not exceed 30 seconds for measuring and placing the airway. The candidate may choose to use a pocket mask, flow restricted oxygen powered ventilation device or a bag-valve mask device to ventilate the patient.

You should not indicate displeasure with the candidate's choice of ventilatory adjunct since this station is testing the candidate's ability to integrate adjunctive equipment into a cardiac arrest scene and not local protocols or variations in equipment. Regardless of the device chosen, it is essential that the candidate connect it to supplemental high percentage oxygen. After establishing ventilation using the adjunctive equipment, the candidate must perform two rescuer CPR with the aid of the EMET assistant for one minute. The candidate then must re-evaluate the patient, determine the absence of a pulse and repeat the defibrillation sequence. You should inform the candidate that there is "no pulse" on any pulse check.

TRANSPORTATION: In this segment the candidate is required to verbalize moving the patient onto a long spine board or onto a CPR board/spine board and an ambulance cot.

The supplies/equipment needed for this station include an automated external defibrillator, a bag-valve-mask, a pocket mask or a demand valve, supplemental oxygen set up, oxygen connection tubing, portable suction equipment. The

supplemental oxygen and portable suction equipment may be mock set-ups. The candidate must be informed of the mock set-ups and what they indicate before starting the procedures.
Note: The candidate may choose to bring his/her own equipment to use in this station.

This skill station requires the presence of an EMT assistant (the examiner may act as the EMT assistant), a first responder, and a defibrillation mannequin. Candidates are to be tested individually with the EMT assistant and the first responder acting as assistants who provide no input in the application of skills or equipment. The EMT assistant and first responder should be told not to speak but to follow the commands of the candidate. Errors of omission or commission by the first responder or assistant can not result in failure of the candidate unless they were improperly instructed by the candidate.

Due to the extra individuals involved in this skill station, it is essential that you observe the actions of the candidate at all times. Do not be distracted by the actions of the first responder or the EMT assistant because they should do only as instructed by the candidate. As you observe the candidate ventilating the patient, remember that the ability to ventilate the patient with adequate volumes of air is not being evaluated. Adequate ventilation of a mannequin is evaluated in the "Bag Valve Mask Apneic Patient with Pulse". You are evaluating scene/situation control, integration skills, and decision making ability.

INSTRUCTIONS TO THE CANDIDATE
CARDIAC ARREST MANAGEMENT

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient/scene management skills. There will he an EMT assistant in this station. The EMT assistant will only do as you instruct him/her. As you arrive on the scene you will en-counter a patient in cardiac arrest. A first responder will be present performing single rescuer CPR. You must immediately establish control of the scene and begin resuscitation of the patient with an automated external defibrillator. At the appropriate time, the patient's airway must be controlled and you must ventilate *or* direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room. You have (15) fifteen minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS
EXAMINER AIRWAY, OXYGEN, VENTILATION SKILLS
BAG-VALVE-MASK-APNEIC WITH PULSE

This station is designed to test the candidate's ability to effectively initiate and continue ventilation of an apneic patient using a bag-valve-mask device. The station was developed to simulate a realistic situation that an EMT might face in the field. The candidate will enter the station and find an apneic patient with a palpable central pulse. There are no bystanders and artificial ventilation has not been initiated. The candidate must immediately open the patient's airway and initiate ventilation using a bag-valve-mask. After establishing a patent airway and ventilating the patient for 30 seconds or longer, the candidate must integrate supplemental high flow oxygen into the procedure. If the candidate chooses to set up high flow oxygen prior to establishing a patent airway and ventilation, he/she has failed to immediately ventilate an apneic patient.

When ventilating, the candidate must provide a minimum of **800-ml volume per breath**. This equals the current standards established for appropriate rescue breathing volumes during basic and advanced life support.

This station requires a mannequin that is capable of being ventilated with volumes of 800 ml or more. It must also have the capability of registering successful lung inflations of 800 ml to 1200 ml per breath. This may be accomplished by using a system that lights up when successful volumes are reached or a system that graphs successful volumes. The mannequin must be life size. possess anatomically correct airway structures, and meet the criteria listed above. The mannequin may be an intubation head; however, it should be life size and have anatomically correct airway structures. Additionally this station requires a bag-valve-mask device and oxygen connecting tubing. The supplemental oxygen system should be functional, however for testing purposes. the tank may be empty as long as the equipment and supplies necessary for it to function are present.

As the candidate enters the station they are required to immediately open the patient's airway and ventilate the patient using a bag-valve-mask device. If the candidate begins ventilation using a mouth-to-mouth technique, you should advise the candidate that he is required to use a bag-valve-mask device for all ventilation in this station. After the candidate completes the initial 30 seconds of ventilation, you should advise him that the patient is being ventilated

properly and he should integrate high flow oxygen at this point in the procedure.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. The volumes should be in the range of 800 ml - 1200 ml per breath. If you observe one or less ventilation error in 30 seconds you should award one (l) point. No point should be awarded if you observe two or more ventilation errors in 30 seconds. After successfully demonstrating single rescuer use of a bag-valve-mask you will inform the candidate that a second rescuer is present. The second rescuer will be instructed to ventilate the patient while the candidate controls the mask and the airway. You may serve as the second rescuer.

INSTRUCTIONS TO THE CANDIDATE AIRWAY, OXYGEN, VENTILATION SKILLS BAG-VALVE-MASK-APNEIC WITH PULSE

This station is designed to test your ability to ventilate a patient using a bag-valve- rnask. As you enter the station you will find an apneic patient with a palpable central pulse. There are no bystanders and artificial ventilation has not been initiated. The only patient management required is airway management and ventilatory support. You must initially ventilate the patient for a minimum of 30 seconds. You will be evaluated on the appropriateness of ventilator volumes. I will then in6rrn you that a second rescuer has arrived and will instruct you that you must control the airway and the mask seal while the second rescuer provides ventilation. You may use only the equipment available in room. You have five (5) minutes to complete this station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER SPINAL IMMOBILIZATION – SEATED PATIENT

This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a short spine immobilization device. The candidate is tested on his/her ability to immediately protect and immobilize the patient's spine by using a rigid half spine immobilization device. The candidate will be advised that the scene size-up, initial assessment and focused assessment have been completed and no condition requiring further resuscitation or urgent transportation are present. The patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The patient will not present slumped forward as if he/she were slumped over the steering wheel. The position of the patient should be identical for all candidates.

The candidate will be required to treat the specific, isolated, problem of an unstable spine. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required in this testing station. The candidate will be required to check motor, sensory and circulatory function in each extremity at the proper times throughout this station. Once the candidate has immobilized the seated victim to the half spine device, ask the candidate to explain all key steps he/she would complete while moving the patient to the long backboard. The candidate may check, motor, sensory or circulatory function in all extremities after verbalizing that the patient is moved to a long backboard, a zero should be placed in the **"points awarded"** column for that item.

You should have various half-spine immobilization devices available at this testing station. The devices should represent those half spine immobilization devices used in the local EMS system (a half spine board, KED, XP-1, OSS, Kansas board or other acceptable devices). It is required that at least a rigid wooden or plastic half spine board and a commercial vest-type immobilization device with all other associated immobilization equipment be available in this station. You are responsible for ensuring all equipment in this station is present and in proper working condition. The candidate may choose to bring a device which he/she is familiar with to use in this station. You must be familiar with the device and its proper use before any evaluation of the candidate may take place. You must not indicate displeasure with the candidate's choice of immobilization device. The candidate should be evaluated on how well he/she immobilizes and protects the patient's spine, not on what immobilization device is used.

The skill station instrument was designed to be generic so it could be utilized to evaluate the candidate's performance regardless of the half-spine immobilization device utilized. All manufacturers' instructions describe various orders in which straps and buckles are to be applied when securing the torso to the immobilization devices. This station is not designed to specifically test each individual device but to "generically" verify a candidate's competence in safely and effectively securing a suspected unstable spine in a seated patient.

Therefore, while the specific order of placing and securing straps and buckles is not critical, it is imperative that the patient's head is secured to the half-spine immobilization device only after the device has been secured. to the torso.

This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date regardless of the device used. Placement of an appropriate cervical collar is also required with any type of half-spine immobilization device.

A trained EMT assistant will be present in the station to assist the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example; if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under **"Critical Criteria"** and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure that would actually injure the simulated patient.

This skill station requires the presence of a simulated victim. The victim should be briefed on his/her role in this station and act as a calm patient would if this were a real situation. The victim should be an adult of average height and weight. You may use comments from the simulated victim about spinal movement and overall care to assist you with the evaluation process after the candidate completes his/her performance and exits the testing station.

INSTRUCTIONS TO THE CANDIDATE SPINAL IMMOBILIZATION SKILLS – SEATED PATIENT

This station is designed to test your ability to provide spinal immobilization on a patient using a half spine immobilization device. You and an EMT assistant arrive on the scene of an automobile crash. The scene is safe and there is only one patient. The assistant EMT has completed the initial assessment and no critical condition requiring intervention was found. For the purpose of this station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant. Transferring and immobilizing the patient to the long backboard should be accomplished verbally. You have (10) ten minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER SPINAL IMMOBILIZATION – SUPINE PATIENT

This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a long spine immobilization device. The candidate is tested on his/her ability to immediately protect and immobilize the patient's spine by using a rigid long spinal immobilization device. The candidate will be informed that a scene size-up, initial assessment and focused assessment have been completed and no condition requiring further resuscitation exists. The patient will present lying on his/her back, arms straight down at his/her side, with feet together. Candidates should not have to be concerned with distracters such as limb realignment, prone position, or other positions not covered in the majority of EMT basic curricula. The position of the patient should be identical for all candidates.

The candidate will be required to treat the specific, isolated problem of an unstable spine. Initial and ongoing assessment of airway, breathing, and circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in each extremity at the proper times throughout this station. If the candidate fails to check motor, sensory and circulatory function, a zero should be placed in the points awarded column for those items.

There are various long spine immobilization devices in use in the EMS community. The skill sheet was designed to be generic so that it could be used to evaluate the candidate regardless of the immobilization device used. You should have various long spine immobilization devices available at this testing station - specifically long spine immobilization devices used in the local EMS system, long spine board, and a scoop stretcher. The candidate may choose to bring a device he/she is familiar with to use in this station. This device must be approved by the examination coordinator and you must be familiar with its proper use before the candidate may use it during the examination. You should not indicate displeasure with the candidate's choice of immobilization device. The candidate should be evaluated on how well he/ she immobilizes and protects the patient's spine, not on what immobilization device is used.

The candidate must, with the help of an EMT assistant and the evaluator, move the patient from the ground onto a long spinal immobilization device. There are various acceptable ways to move a patient from the ground onto a long spinal immobilization device, (i.e. log roll, straddle slide, direct patient lift). You should not advocate one method over any others. All methods should be considered acceptable as long as spinal integrity is not compromised. Regardless of the method used, the EMT assistant should control the head and cervical spine while the candidate and evaluator move the patient on the direction of the candidate.

Immobilization of the lower spine/pelvis in line with the torso is required. Lateral movement of the legs will cause angulation of the lower spine and should be avoided. Additionally, tilting the backboard when the pelvis and upper legs are not secured will ultimately cause movement of the legs and angulation of the spine.

A trained EMT assistant will be present in the station to assist the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately, inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure which would actually injure the simulated patient.

This skill station requires the presence of a simulated victim. The victim should he briefed on his/her role in this station and act as a calm patient would if this were a real situation. The victim should be an adult of average height and weight. You may use comments from the simulated victim about spinal movement and overall care to assist you with the evaluation process after the candidate completes their performance and exits the testing station.

INSTRUCTIONS TO THE CANDIDATE SPINAL IMMOBILIZATION – SUPINE PATIENT

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT' assistant. The assistant EMT has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the
patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant EMT should control the head and cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for the direction and subsequent action of the EMT assistant. You may use any equipment available in this room. You have ten (10) minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER SPLINTING SKILLS

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize specific musculoskeletal injuries. This station will be tested as three separate skills. Each candidate will be

required to splint a long bone injury using a rigid splint, a shoulder injury using a sling and swathe, or a mid-shaft femur deformity using a traction splint.

IMMOBILIZATION SKILL – LONG BONE

The candidate is tested on his/her ability to properly immobilize a swollen, deformed extremity using a rigid splint. The candidate will be advised that a scene size-up and initial assessment have been completed on the victim and that during the focused assessment a deformity of a long bone was detected. The victim will present with a non-angulated, closed, long bone injury of the upper or lower extremity - specifically an injury of the radius, ulna, tibia, or fibula.

The candidate will then be required to treat the specific, isolated extremity injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be requited to motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process. Additionally, the use of traction splints, pneumatic splints, and vacuum splints is not permitted and these splints should not be available for use.

The candidate is required to **"secure entire injured extremity"** after the splint has been applied. There are various methods of accomplishing this particular task. Long bone injuries of the upper extremity may be secured by tying the extremity to the torso after a splint is applied. Long bone injuries of the lower extremity may be secured by placing the victim properly on a long spine board or applying a rigid long board splint between the victim's legs and then securing the legs together. Any of these methods should be considered acceptable and points should be awarded accordingly.

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is the hand secured with the palm flattened and the fingers extended. The palm should never be flattened. The wrist should be dorsiflexed about 20 to 30 **degrees** and all the fingers should be slightly flexed.

When splinting the lower extremity, the candidate is required to immobilize the foot in a position of function. Two positions to be avoided are gross plantar flexion and gross plantar extension. No points should be awarded if these positions are used.

IMMOBILIZATION SKILLS - JOINT INJURY

The candidate is tested on his/her ability to properly immobilize a shoulder injury using a sling and swathe. The candidate will be advised that a scene size-up and initial assessment have been completed and that during the focused assessment a shoulder injury is detected. The victim will present with the upper arm positioned at his side while supporting the lower arm at a 90-degree angle across his/her chest with the uninjured hand. For this station, the injured arm should not be positioned away from the body, behind the body, or any position that could not be immobilized by a simple sling and swathe.

The candidate will be required to treat only the specific, isolated shoulder injury. Initial and ongoing assessment of the patient's airway. breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process. Additionally, the only splint available at this station is a sling and swathe. Any other splint, including a long spine board, is not permitted at this station.

It should be noted that the use of a long spine board is an acceptable method of splinting this injury since a long spine board will effectively splint every bone in the body. If the candidate elects to avoid individual splinting and responds that he/she will use a long spine board, the examiner should respond, **"that is an acceptable procedure, however, in this station you are being tested on your ability to apply a simple sling and swathe to immobilize the injury."** The examiner should reset/restart the time clock after this explanation.

IMMOBILIZATION SKILLS - TRACTION SPLINT

The candidate is tested on his/her ability to properly immobilize a mid-shaft femur injury using a traction splint. The candidate will be advised that a scene size-up and initial assessment has been completed and that during a focused assessment a mid-shaft femur injury was detected. The victim will present with a closed, non-angulated, mid-shaft femur injury. The victim will be found laying supine with both legs fully extended. The femur deformity should be an isolated injury with no complicating factors that would concern or distract the candidate.

The candidate will be required to treat only the specific, isolated femur injury. Initial and ongoing assessment of the patient's airway breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to splint application and after completing the splinting process.

There should be various types of traction splints at this testing station--specifically traction splints commonly used in the local EMS system, a bipolar traction splint, and a unipolar traction splint. Carefully note the comments listed on the evaluation form for unipolar versus bipolar splint application.

One controversy encountered in using traction splints is when to apply manual traction. When using a bipolar (Hare) traction splint, elevation of the injured leg is required, therefore manual in-line traction must be applied prior to elevating the leg for splint insertion. While using the bipolar splint, manual traction may be applied immediately upon detection of a mid-shaft femur injury before application of the ankle hitch. An alternate method while using a bipolar traction splint is to support the injury site while the leg is on the ground, apply the ankle hitch and then apply manual traction before elevating the leg to insert the splint. These variations in applying manual traction while using a bipolar device are equally acceptable and should be awarded points accordingly. The two methods described for applying manual traction while using a bipolar traction splint are also acceptable when using a unipolar traction device.

Additionally, the application of certain unipolar (Sagar or Kendricks) traction splints do not require the application of manual traction since elevation of the leg is not required. With these devices, the deformed site is supported without manual traction until the device is in place and mechanical traction is applied. In this instance, the candidate should receive the point for "applied and maintained manual traction."

This skill requires that an assistant EMT be present during testing. Candidates are to be tested individually. All assisting EMT's should be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, areas on the score sheet relating to that care should be deducted. At no time should you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

INSTRUCTIONS TO THE CANDIDATE
IMMOBILIZATION SKILLS - LONG BONE

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the_____ (radius, ulna, tibia, fibula) was detected. Ongoing assessment of the patient's airway, breathing. and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE CANDIDATE
IMMOBILIZATION SKILLS - JOINT INJURY

This station is designed to test your ability to properly immobilize a non-complicated shoulder injury. You are requited to treat only the specific, isolated injury to the shoulder. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a shoulder injury was detected. Ongoing assessment of the patient's, airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE CANDIDATE
IMMOBILIZATION SKILLS - TRACTION SPLINTING

This station is designed to test your ability to properly immobilize a mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when directed to do so. You are required to treat only the specific, isolated injury to the femur. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a mid-shaft femur deformity was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (10) ten minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test the candidate's ability to treat a life threatening hemorrhage and subsequent hypoperfusion. This station will be scenario based and will require some dialogue between you and the candidate. The candidate will be required to properly treat a life threatening hemorrhage.

The victim will present with an arterial bleed from a severe laceration of the extremity. You will prompt the actions of the candidate at predetermined intervals as indicated on the skill sheet. The candidate will be required to provide the appropriate intervention at each interval when the patient's condition changes. It is essential, due to the purpose of this station, that the patient's condition not deteriorate to a point where CPR would be initiated. This station is not designed to test CPR.

The equipment and supplies needed at this station include field dressings and bandages, a blanket, an oxygen delivery system (may be a mock-up) and a non-rebreather mask.

The scenario provided in this essay is an example of an acceptable scenario for this station. It is not intended to be the only possible scenario for this station. Variations of the scenario are possible and should be utilized in order to reduce the possibility of a candidate knowing the scenario before entering the test. If the scenario is to be changed, the following guidelines must be used:

- An isolated laceration to an extremity producing an arterial bleed must be present.
- The scene must be safe.
- As the scenario continues the victim must present signs and symptoms of hypoperfusion.

It is essential that once a scenario is established for a specific test, it remain the same for all candidates being tested on that date. This will ensure consistency of the examination process for all candidates tested.

Due to the scenario format of this station, you are required to prompt the candidate at various times during the exam. When the bleeding is initially managed with a pressure dressing and bandage, you should inform the candidate that the wound is still bleeding. If the candidate places a second pressure dressing over the first, you should again inform him/her that the wound continues to bleed. After the candidate uses an appropriate arterial pressure point to control the hemorrhage, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled, you should indicate to the candidate that the victim is in a hypoperfused state by indicating signs and symptoms appropriate for this level of shock (example; cool clammy skin, restlessness, BP 110/80, P 118, R 30).

Controversy exists in the national EMS community concerning the removal of dressings by EMTs when controlling hemorrhage. This station does not require the EMT to remove any dressing once applied. If the candidate chooses to remove the initial dressing to apply direct finger tip pressure, you should award the point for **"applies an additional dressing to the wound"**, since this is an acceptable alternative method to control bleeding when the application of an initial pressure dressing fails to stop the flow of blood.

This skill station requires the presence of a simulated victim. The victim may be an appropriate mannequin or a live person. If used, the mannequin must be a hard shell and anatomically accurate.

INSTRUCTIONS TO THE CANDIDATE BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have ten (10) minutes to complete this skill station. Do you have any questions?

SCENARIO (SAMPLE)
BLEEDING CONTROL/SHOCK MANAGEMENT

You respond to a stabbing and find a 25 year old male victim. Upon examination you find a two (2) inch stab wound to the inside of the right arm at the anterior elbow crease (antecubital fascia). Bright red blood is spurting from the wound. The scene is safe and the patient is responsive and alert. His airway is open and he is breathing adequately. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
AIRWAY, OXYGEN, VENTILATION SKILLS
UPPER AIRWAY ADJUNCTS AND SUCTION

This station is designed to test the candidate's ability to properly measure and insert an oropharyngeal airway, a nasopharyngeal airway and properly suction a patient's airway. This station is a comprise of three separate skills. The candidate will be required to measure, insert, and remove an oropharyngeal and a nasopharyngeal airway as well suction the patient's upper airway.

The oropharyngeal airway, nasopharyngeal airway and suction are in one skill station for scoring purposes only. It should not be inferred, nor are we implying, that there is a sequential connection between the three skills. You should not test these as sequential skills but as three distinct, isolated skills.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from text to text, i.e. - 90 degree rotation, 180 degree rotation, direct insertion. Since concern for spinal immobilization is not required at this station, the ultimate criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not pushed posteriorly.

The equipment needed at this station includes various sizes of oropharyngeal and nasopharyngeal airways and a suction device (manual or battery operated device). Additionally, this station requires the presence of a mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway. The mannequin may be an intubation head, however it should be life size and have anatomically correct airway structures.

Once the candidate has the oropharyngeal airway in place, you should advise the candidate that the patient is gagging. If the candidate fails to immediately remove the oropharyngeal airway, place a zero in the "points awarded" column. Once the candidate has finished the procedure for oropharyngeal airway insertion and removal, you should direct him/her to demonstrate the proper procedure for suctioning a patient's upper airway. Finally the candidate should be instructed to insert a nasopharyngeal airway into the mannequin.

INSTRUCTIONS TO TUE CANDIDATE
AIRWAY, OXYGEN, VENTILATION SKILLS UPPER AIRWAY ADJUNCTS AND SUCTION

This station is designed to test your ability to properly measure, insert and remove an oropharyngeal and a nasopharyngeal airway as well as suction a patient's upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
AIRWAY, OXYGEN, VENTILATION SKILLS
MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

This station is designed to test the candidate's ability to effectively ventilate a patient using a mouth-to-mask technique. This station is testing an isolated skill. The candidate will be advised that the patient is being ventilated, mouth-to-barrier, by a first responder. Upon entering the skill station, the candidate will be required to connect the mask to oxygen and ventilate the patient using a mouth-to-mask technique. The candidate may assume that the patient has a central pulse and that the only patient management required is ventilation with high concentration of oxygen.

When ventilating the patient, the candidate must provide a minimum of 8OO-ml volume per breath. This equals the current standards established for appropriate rescue breathing volumes during basic and advanced life support.

This station requires a mannequin that is capable of being ventilated with volumes of 800 ml or more. It must also have the capability of registering successful lung inflations of 800 ml to 1200 ml per breath. This may be accomplished by using a system that lights up when successful volumes are reached or a system that graphs successful volumes. The mannequin must be life
size possess anatomically correct airway structures, and meet the criteria listed above. The mannequin may be an intubation head, however, it should be life size and have anatomically correct airway structures. Additionally, this station requires a ventilator mask with a one way valve and oxygen connecting tubing. The supplemental oxygen system should be functional, however, for testing purposes, an empty tank may be used as long as all accessory equipment and supplies necessary for a functional oxygen system are present.

Due to the nature of this station, infection control measures must be enforced. You should follow the current infection control measures established by the American Heart Association for mannequin disinfection.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. The volumes should be in the range of 800 ml - 1200 ml per breath. If you observe one ventilation error or less in 30 seconds (volume only) you should award one (1) point. No points should be awarded if you observe two or more ventilation errors in 30 seconds.

INSTRUCTIONS TO THE CANDIDATE
AIRWAY, OXYGEN, VENTILATION SKILLS MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

This station is designed to test your ability to ventilate a patient with supplemental oxygen using a mouth-to-mask technique. This is an isolated skills test. You may assume that mouth-to-barrier device ventilation is in progress and that the patient has a central pulse. The only patient management required is ventilator support using a mouth-to-mask technique with supplemental oxygen. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER
AIRWAY, OXYGEN, VENTILATIONS SKILLS
SUPPLEMENTAL OXYGEN ADMINISTRATION

This station 'is designed to test the candidate's ability to correctly assemble, the equipment needed to administer supplemental oxygen in the pie-hospital setting. The candidate will be required to assemble the oxygen delivery system, administer correct oxygen liter flow to a patient using a non-rebreather mask. The candidate will be informed that the patient does not tolerate a non-rebreather mask and will be instructed to administer oxygen using a nasal cannula. The candidate will be required to discontinue oxygen therapy including relieving all pressure from the oxygen tank regulator.

As the candidate enters the station he will be instructed to assemble the oxygen delivery system and administer oxygen to the simulated patient wing a non-rebreather mask. During this procedure, the candidate must check for tank/regulator leaks. If a leak is found and not corrected, you should subtract one point for this step. If a leak is found but is corrected, there should be no points deducted.

Oxygen liter flow rates are normally established according to the patient history and patient condition. Since this is an isolated skills test, liter flow rates of greater than 12 liters/minute for the non-rebreather and less than six (6) liters/minute for the nasal cannula are acceptable.

After the candidate has applied the non-rebreather mask to the patient and established an oxygen liter flow, you must inform the candidate that the patient can not tolerate the mask and instruct him to continue oxygen administration using a nasal cannula. Once the oxygen flow rate has been adjusted for the nasal cannula, instruct the candidate to discontinue oxygen administration.

The equipment needed at this station includes an oxygen tank, a regulator with a flow meter, a non-rebreather mask, and a nasal cannula. The oxygen tank at this station must be fully pressurized (air or oxygen) and the regulator/flow meter must be functional. The simulated patient for this station may be a live person or a mannequin. If a mannequin, is used it must have anatomically correct ears, nose and mouth.

INSTRUCTIONS TO THE CANDIDATE
AIRWAY, OXYGEN, VENTILATION SKILLS
SUPPLEMENTAL OXYGEN ADMINISTRATION

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient can not tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room. You have five (5) minutes to complete this station. Do you have any questions?